

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

the specification of which is attached hereto or was filed on 09/06/91 as Application Serial No. 07/756,207 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	DATE OF FILING	STATUS
07/579,007	09/07/90	<input type="checkbox"/> Patented <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) who are partners and associates in the firm of Townsend and Townsend to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

James M. Heslin Reg. No. 29,541

SEND CORRESPONDENCE TO:	James M. Heslin TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) James M. Heslin 29,541 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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201	FULL NAME OF INVENTOR	Last Name BAEKKESKOV	First Name Steinunn	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	CITY San Francisco	State or Foreign Country California	Country of Citizenship Denmark
202	POST OFFICE ADDRESS	Post Office Address 285 Beacon Street	CITY San Francisco	State or Country California
	FULL NAME OF INVENTOR	Last Name AANSTOOT	First Name Henk-Jan	Middle Name or Initial
203	RESIDENCE & CITIZENSHIP	CITY San Francisco	State or Foreign Country California	Country of Citizenship Holland
	POST OFFICE ADDRESS	Post Office Address 1428 10th Ave. #3	CITY San Francisco	State or Country California
FULL NAME OF INVENTOR	Last Name DECAMILLI	First Name Pietro	Middle Name or Initial	
RESIDENCE & CITIZENSHIP	CITY Guilford	State or Foreign Country Connecticut	Country of Citizenship Italy	
POST OFFICE ADDRESS	Post Office Address 37 Decatur Avenue	CITY Guilford	State or Country Connecticut	Zip Code 06437

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>John Bækkeskov</i>	Signature of Inventor 202 <i>Karen E. Heslin</i>	Signature of Inventor 203
Date 11-22-91	Date 11-22-91	Date

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201	FULL NAME OF INVENTOR	Last Name BAEKKEKOV	First Name Steinunn	Middle Name or Initial	
	RESIDENCE & CITIZENSHIP	City San Francisco	State or Foreign Country California	Country of Citizenship Denmark	
202	POST OFFICE ADDRESS	Post Office Address 285 Beacon Street	City San Francisco	State or Country California	Zip Code 94131
	FULL NAME OF INVENTOR	Last Name AANSTOOT	First Name Henk-Jan	Middle Name or Initial	
203	RESIDENCE & CITIZENSHIP	City San Francisco	State or Foreign Country California	Country of Citizenship Holland	
	POST OFFICE ADDRESS	Post Office Address 1428 10th Ave. #3	City San Francisco	State or Country California	Zip Code 94122
204	FULL NAME OF INVENTOR	Last Name DECAMILLI	First Name Pietro	Middle Name or Initial	
	RESIDENCE & CITIZENSHIP	City Guilford	State or Foreign Country Connecticut	Country of Citizenship Italy	
POST OFFICE ADDRESS	Post Office Address 37 Decatur Avenue	City Guilford	State or Country Connecticut	Zip Code 06437	

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Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
Date	Date	Date 10/12/1991

DECLARATION AND POWER OF ATTORNEY

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My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

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James M. Heslin Reg. No. 29,541

SEND CORRESPONDENCE TO:	James M. Heslin TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) James M. Heslin 29,541 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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FULL NAME OF INVENTOR	Last Name FOLLI	First Name Franco	Middle Name or Initial	
RESIDENCE & CITIZENSHIP	City New Haven	State or Foreign Country Connecticut	Country of Citizenship Italy	
POST OFFICE ADDRESS	Post Office Address 111 Park Street #8E	City New Haven	State or Country Connecticut	Zip Code 06511
FULL NAME OF INVENTOR	Last Name SOLIMENA	First Name Michele	Middle Name or Initial	
RESIDENCE & CITIZENSHIP	City New Haven	State or Foreign Country Connecticut	Country of Citizenship Italy	
POST OFFICE ADDRESS	Post Office Address 111 Park Street #8E	City New Haven	State or Country Connecticut	Zip Code 06511
FULL NAME OF INVENTOR	Last Name	First Name	Middle Name or Initial	
RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
POST OFFICE ADDRESS	Post Office Address	City	State or Country	Zip Code

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 204 <i>Folli Folli</i>	Signature of Inventor 205 <i>Michele Solimena</i>	Signature of Inventor
Date <u>12/1/91</u>	Date <u>10/25/91</u>	Date

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(e) and 1.27(d)) - NONPROFIT ORGANIZATION**

Applicant or Patentee: Steinunn Backkeskov

Application or Patent No.: _____

Filed or Issued: Herewith

Title: **IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit Organization: University of Yale

Address of Nonprofit Organization: 246 Church Street, Ste. 401, New Haven, CT 06510

Type of Nonprofit Organization:

- University or other institution of higher education
 Tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)]
 Nonprofit scientific or educational under statute of state or the United States of America
 (Name of state _____)
 (Citation of statute _____)
 Would qualify as tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)] if located in the United States of America
 Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America
 (Name of state _____)
 (Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention, entitled **IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES** by inventor(s) Steinunn Backkeskov, Henk-Jan Aangoor, Pietro DeCamilli, Michele Solimena and Franco Follì described in:

- the specification filed herewith,
 Application No. _____, filed _____.
 Patent No. _____, issued _____.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention according to their status as small entities. (37 CFR 1.27)

Name: University of California

Address: 1320 Harbor Bay Pkwy., Ste. 150

Alameda, CA 94501

 Individual Small Business Concern Nonprofit Organization

Name: _____

Address: _____

 Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

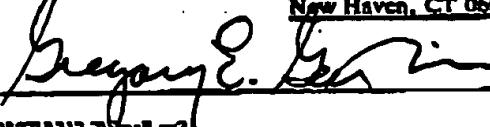
Gregory E. Gair Diner

Name of Person Signing:

Title in Organization of Person Signing:

Address of Person Signing:

DIRECTOR, Office of Cooperative Research

246 Church Street
New Haven, CT 06510Signature: 

Date: 4/4/97

Applicant or Patentee: Steinunn Baekkeskov
Serial or Patent No.: _____
Filed or Issued: _____
For: Improved Methods For The Diagnosis And Treatment Of Diabetes

Docket No. 2307U-031220US
U. C. Case No. 90-160-5

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
[37 CFR § 1.9(f) and § 1.27(d)]—NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The Regents of the University of California
ADDRESS OF ORGANIZATION: 300 Lakeside Drive, 22nd Floor
Oakland, California 94612-3550

TYPE OF ORGANIZATION

- UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
 TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC § 501(a) and § 601(c) (3)]
 NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OR THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
 WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC § 501(a) and § 501(c) (3)] IF LOCATED IN THE UNITED STATES OF AMERICA
 WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR § 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled Improved Methods For The Diagnosis And Treatment Of Diabetes

by Inventor(s) Steinunn Baekkeskov, Henk-Jan Aanstoot, Pietro DeCamilli, described in
Michele Solimena and Franco Folli
 the specification filed herewith
 application serial no. _____ filed _____
 Patent no. _____ issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention (except for a license to a Federal Agency pursuant to USC § 202 (c) (4)).

If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR § 1.9(d) or a nonprofit organization under 37 CFR § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR § 1.27).

NAME Yale University
ADDRESS 246 Church Street, Ste. 401, New Haven, CT 06510
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
 INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR § 1.28(b)]

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 USC § 1001, and may jeopardize the validity of the application, any patent issuing thereon, or any patent which this verified statement is directed.

NAME OF PERSON SIGNING: Linda S. Stevenson
TITLE IN ORGANIZATION: Principal Prosecution Analyst, Office of Technology Transfer
ADDRESS OF PERSON SIGNING: 300 Lakeside Drive, 22nd Floor
Oakland, California 94612-3550

SIGNATURE Linda S. Stevenson

DATE 4/4/97